

## Application for Authorization / Re-Authorization of Advanced Training Centers

This application should be used for all agencies / institutions that desire to offer the AEMT and EMT-Paramedic initial and refresher courses.

Submit this application with **ALL** required documentation. **Applications are due June 1<sup>st</sup> of each authorization period.** DO NOT SUBMIT AN INCOMPLETE APPLICATION.

Mail Application and documents to: **SC DHEC Division of EMS, 2600 Bull Street, Columbia, SC 29201**

[    ] Initial Authorization                      [    ] Re-Authorization (No Lapse in Authorization)

\_\_\_\_\_  
Name of Agency / Institution

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street & Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Name of Program Director

\_\_\_\_\_  
Phone Number(s)

Attach to this application the following documents:

- [    ] Signed Copy of Enclosure 6 verifying ownership of all required training equipment
- [    ] Copies of clinical contracts with local hospital(s) & EMS service(s)
- [    ] Copy of Malpractice Insurance coverage for the program
- [    ] Mechanism (plan) for providing Malpractice insurance for each student
- [    ] Copy of the *Standing Operations Procedure* Manual & Student Course Policy Manual
- [    ] Name, Address and Phone Number for the Medical Physician who will serve as medical director for the program

### Requirement for re-authorization:

***Completion of at least one ( 1 ) EMT-Paramedic Course during the four-year authorization period.***

List CIS course numbers for all EMT-Paramedic Courses **Completed** during the last authorization period:

I verify that my agency / institution must pass an on-site inspection (for initial authorization) and that I must have in place a SC state Credentialed EMT-Paramedic instructor prior to receiving authorization / re-authorization as an Advanced Training Center.

\_\_\_\_\_  
*Signature* of Program Director

\_\_\_\_\_  
*Date of Signature*